

740 42A740

KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only

For calendar year or

P	AYS	Revenue Cabinet	other taxable	-	ıg , 2	002, and ending	J , 2	00		200)2	
	А	. Spouse's Social	Security Number			В.		В. У	Your Soc	ial Securi	ity Numk	oer
				≺ _{Si}	A. pouse's	D. Yours	>					
		e—Last, First, Middl		100	•						disession.	
>										dand		
A	Mailir	ng Address (Numbe	er and Street Inclu	ding Apartme	ent Number c	or P.O. Box)						
В												
L	City,	Town or Post Offic	e				State		Z	IP Code		
>										JJ		
	FILI	NG STATUS (see in	nstructions)					POL	ITICAL P	ARTY FU	ND	
1	Sing	gle					Designatii	ng \$2 wil				
2		rried, filing separate	=	ed return. (If	both had inco	ome.)	Democr	atic	(1)	ouse	B. You (4)	ırselt
3		<i>rried</i> , filing joint ret <i>rried</i> , filing separate		oouse's Socia	al Security nu	ımber above	Republi		(2)		(5)	
		full name here					No Desi	gnation	(3)		(6)	
CREDI	ITS		Check Regular	Check both	if 65 or over	Check both	if blind					
5 (a)) Credits f	or yourself:						5	Enter no	umber of		
) Credits f								boxes c	hecked		
		nes of your depend		_		۹/		6		umber of		
		(b) nd relationship of o		(c)	(d)		_	childrer			20000
, Lis	st name ar		miler dependents.					7		umber of o ents listed		
8 Ad ret the	dd total nu eturn (Filing ee amount f	mber of credits cla Status 2), divide th from line 8 in Box B	imed on lines 5, 6 ne amount on line 8	and 7. If ma 8 and enter in	rried filing se า Boxes A and	parately on a d d B. All other f	combined ilers enter >	8	Enter to	otal credits	i	
Ea	ach taxpaye	er must claim his or	her own credits fro	om line 5. Cre	dits from line	s 6 and 7 may	be divided.	A.			B.	
ADJUS	STED GRO	SS INCOME		A. Spou	se (Use if Fi Dollars	ling Status 2 i	s checked.) Cents	•		Yourself ((or Joint) Ce
		nt from federal Form A, line 21 or 1040E				-	00					0
							00					0
		om Schedule M, lin					0 0		T			0
		and 10					0 0		•			0
		from Schedule M, 12 from line 11. Th					}		.			
Ke	entucky Ad	justed Gross Incomplumns A and B is	ne 13				0 0		<u></u>	<u></u>		0
		ome Credit in instru										
AXA	BLE INCOM	ME										
		ter itemized deducti nedule A. Nonitemiz										
\$1	I, 800 in Col	umns A and/or B	14		<u> </u>		0 0		<u>.</u>			0
		e 14 from line 13. The Incom e					0 0					0
ГАХ												
		m Tax Table or Co					00					0

18
Subtract line 19 from line 18
The Child and Dependent Care Credit
Income Tax Lability Subtract line 21 from line 20. If line 21 exceeds line 20, enter 22 20. O 23 23 24 24 25 25 25 25 25 25
23 Enter KENTUCKY USE TAX from worksheet in the instructions
24 Add lines 22 and 23. This is your Total Tax Liability
25 (a) Enter Kentucky income tax withheld as shown on altached 2002 wage and tax statements
as shown on attached 2002 wage and tax statements 25(a) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(b) Enter 2002 Kentucky estimated tax payments
26 Add lines 25(a) and 25(b)
27 If line 26 is larger than line 24, enter AMOUNT OVERPAID (see instructions) 27 See instructions for a detailed description of funds. Salature and Wildlife Fund Contribution \$2
See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions for a detailed description of funds. See instructions of see instr
28
\$2
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30 Bluegrass State Games and U.S. Olympic Committee Fund Contribution 30 31 Veterans' Program Trust Fund Contribution 31 32 Add lines 28 through 31 32 33 Amount of line 27 to be CREDITED to your 2003 ESTIMATED TAX 33 34 Subtract lines 32 and 33 from line 27. Amount to be REFUNDED TO YOU REFUND 34 TAX PAYMENT SUMMARY 35 If line 24 is larger than line 26, enter ADDITIONAL TAX DUE 35 36 (a) 2210-K penalty (c) Late payment penalty Late filling penalty (d) Late filling penalty (e) Add lines 36(a) through 36(d). Enter here 36(e) 37 Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE 37 Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2002" on the check. Place on top of wage and tax statements on page 1.
31 Veterans' Program Trust Fund Contribution 31 0 0 0 32 Add lines 28 through 31 32 0 0 0 33 Amount of line 27 to be CREDITED to your 2003 ESTIMATED TAX 33 3 0 0 0 34 Subtract lines 32 and 33 from line 27. Amount to be REFUNDED TO YOU REFUND 34 0 0 0 TAX PAYMENT SUMMARY 35 If line 24 is larger than line 26, enter ADDITIONAL TAX DUE 35 0 0 0 36 (a) 2210-K (c) Late payment penalty penalty penalty (d) Late filling penalty (e) Add lines 36(a) through 36(d). Enter here 36(e) Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE 0 0WE 37 0 0 0 Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2002" on the check. Place on top of wage and tax statements on page 1.
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penalty
Check if Form 2210-K attached (e) Add lines 36(a) through 36(d). Enter here
(b) Interest Enter here
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farm, business, or rental income or loss. Yes No If you are not required to attach a copy of your federal return, Do you wish to receive a packet next
check here
I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.
Your Signature (If joint or combined return, both must sign.) Spouse's Signature Date Signed
Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date
42A7400223 Mail to: REFUNDS Kentucky Revenue Cabinet, Frankfort, KY 40618-0006.